3EST AVAILABLE COPY

pplication or Docket Number

263899

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Ellective October 1, 2000								ľ				
CLAIMS AS			S FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			Ď				RA	TE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS					* 0		X\$	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		9		X4	X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+13	+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	zero, enter "0" in column 2			<u> </u>	TAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)	(Column 2) (Colu			(Column 3)	SM	SMALL ENTITY			SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X4	0=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	I CLAIM		+1:	35=		OR	+270=	
<u>L</u>										OR	TOTAL ADDIT. FEE	
		(Column 1)		r. FEE		4	ADDIT: 1 EE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	IMN 2) HEST MBER IOUSLY D FOR	PRESENT EXTRA	] [	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	]   X\$	9=		OR	X\$18=	
	Independent		Minus	***		]=	X4	lO=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA	] [	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	9=		OR	X\$18=	
	Independent	•	Minus	***		=	X4	l0=		OR	X80=	
	FIRST PRESE	MULTIPLE DE	DEPENDENT C		1	┛┞		·	1	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR		<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												L

(Rev. 8/00)

FORM PTO-875